

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

24057

State File No.

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|--|----------------------------------|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>290</u> | | PRIMARY REG. DIST. NO. <u>5985</u> | | Registrar's No. <u>118</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New York</u> b. COUNTY <u>New York</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ft Leonard Wood, Missouri</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Yonkers</u> <u>8310</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>115 Morris Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Henry</u> | | b. (Middle) <u>Mathew</u> | | c. (Last) <u>Baker</u> | |
| 4. DATE OF DEATH | | (Month) <u>28</u> | | (Day) <u>July</u> | | (Year) <u>1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>7 Aug 1931</u> | | 9. AGE (In years last birthday) <u>19</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dietician</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u> | | 11. BIRTHPLACE (State or foreign country) <u>Yonkers N.Y.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Henry Joseph Baker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>---</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 17 Jan 51 to date</u> | | 16. SOCIAL SECURITY NO. <u>---</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. W. GRUNEWALD, Major, MSC Ft. Leonard W.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, brain, massive</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fracture, depressed, skull</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> | |
| 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Military reservation</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fort Leonard Wood Pulaski Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>July 28 1951 11:00 P.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fell from 2 1/2 ton Gov't truck</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>xxxxxx</u> , 19 <u>xxx</u> , to <u>xxxxxx</u> , 19 <u>xxx</u> , that I <u>never</u> saw the deceased alive on <u>28 July</u> , 19 <u>51</u> , and that death occurred at <u>11:20 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Type or Print) <u>RUSSELL J. SIMONETTA, Capt, MC</u> | | | | 23b. ADDRESS <u>US Army Hospital, Fort Leonard Wood, Missouri</u> | | 23c. DATE SIGNED <u>30 July 51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>July 30, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Yonkers New York</u> | | 24d. LOCATION (City, town, or county) (State) <u>Yonkers New York</u> | |
| DATE REC'D BY LOCAL REG. <u>7-31-51</u> | | REGISTRAR'S SIGNATURE <u>Charles G. Anderson</u> | | 5. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u> | | ADDRESS <u>Theresa Ma</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48850
3

RECEIVED 7-31-51
Alaska County Health Officer
File Number
Date Filed 8-4-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed
Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. 4265

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.